Answering Reviewers：

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

- The core tip should however be rewritten due to a bad English translation.

A：The core tip had been rewritten. Core tip：Pancreatic metastases derived from clear cell renal cell carcinoma are rare and can be maintained for a long time and progress until years later. It is easily confused with hypervascular tumors, such as pancreatic neuroendocrine tumors (pNET). We present a case of a pancreatic mass that had undergone nephrectomy 19 years ago. Due to the lack of medical records, the clinical and imaging findings were misdiagnosed as pNET due to a false medical history. Preoperative biopsy was performed prudently, resulting in a renal-derived tumor, consistent with the findings of the pathological section obtained from the previous surgery hospital. This case highlights the importance of accurate clinical data, especially with a history of surgery, even a long time ago.

- The discussion is appropriate, although I would suggest that the authors devote a longer paragraph to newly developed systemic therapies of metastatic renal cell carcinoma, both in association with surgical resection and as an effective treatment for unresectable tumors.

A：I've added some space for the treatment part.

Surgical resection remains the most effective treatment for primary RCC and its metastases. The type of surgery mainly depends on whether the metastasis is solitary or diffuse and on the location of the pancreatic lesion. Whipple's procedure is performed for proximal lesions that are limited to the head or uncinate process of the pancreas, whereas distal pancreatectomy is performed for lesions in the pancreatic body or tail [21]. In a study with long-term follow-up, the cumulative 3- and 5-year

OS rates after pancreatic resection for RCC metastases were 72 and 63 %, respectively. However, lymph node involvement and extrapancreatic metastases are associated with poor OS [22,23]. Over the last decade, the medical treatment of metastatic RCC has been revolutionized by the introduction of highly effective targeted therapies with tyrosine kinase inhibitors, mammalian target of rapamycin inhibitors, and monoclonal antibodies, such as angiogenesis and immune checkpoint inhibitors [24,25, 26].

The Memorial Sloan Kettering Cancer Center has suggested that, for risk stratification of cancer, the selection of treatment should be based on the type of malignancy [27]. The first-line treatment for initial patients with favorable or intermediate prognosis is bevacizumab or sunitinib plus interferon α, while those who fail the first-line treatment can receive a high dose of IL-2 [27]. Patients with poor prognosis can receive temsirolimus or sunitinib as first-line therapy, respectively. Those who had multitargeted therapy can have everolimus as first-line therapy and tyrosine kinase inhibitors as second-line therapy.

- The English language should be revised.

A：I have re-edited the article by a polishing company.

- However, as the authors state in their discussion, about 800 cases of isPM-RCC have been reported since 1952, and this case report adds very little to a relatively well-known topic.

A：According to the statistics of the literature, although the number of isPM cases has increased to 814 cases in 66 years since 1952, the incidence of solitary nodules in a single pancreas is still rare (<2%). The average tumor diameter was about 37mm. In our case, the largest diameter of the tumor reached a relatively large size of 61mm. Moreover, the average tumor-free interval in literature is about 10 years, and this case reached 19 years. Therefore, I think it is a rare case that should be recorded. Intrapancreatic metastases with an intermittent period of more than 10 years have a significant overlap in the clinical presentation and radiographic findings with primary

pancreatic neoplasms, and thus have a high misdiagnosis rate when first evaluated, according to a report , the misdiagnosis rate reached 69%[1]. Therefore, the main purpose of this report is to remind clinicians that the possibility of a metastasis to the pancreas should be entertained in patients with any prior history of malignancy, as long as the information is accurate.

[1] Ma Y, Yang J, Qin K, Zhou Y, Ying X, Yuan F, Shi M, Jin J, Wang D, Gu J, Cheng D. Resection of pancreatic metastatic renal cell carcinoma: experience and long-term survival outcome from a large center in China. Int J Clin Oncol. 2019 Jun;24(6):686-693. doi: 10.1007/s10147-019-01399-w. Epub 2019 Mar 7. PMID: 30847618; PMCID: PMC6525119.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is an interesting case. It is well structured. It deserves to be published.

A：thank you for your approval. I have re-edited the article by a polishing company.